WHO Scientific Group Formulates New Research Agenda on Menopause

During the past two decades, increasing international attention has been directed to the topic of the menopause, both as a consequence of the growing interest in women's health and because of the worldwide increase in the population of women living in the post-menopausal years.

In 1990, there were approximately 473 million women in the world ages 50 or older. This number is expected to increase to 1.1 billion by the year 2025. The number of women reaching age 50 will increase annually in all countries of the world, but most markedly in Africa, India, China, and other Asian countries.

A WHO Scientific Group met in June 1994 in Geneva to make recommendations for research on the physical and psychological aspects of menopause, its socio-cultural context, and the benefits and risks of various medical and nonmedical interventions.

The health and well-being of menopausal women are strongly influenced by the cultural and economic settings in which they live. For many women in developing countries, their health at menopause has already been affected by difficult environmental conditions at work and at home, by repetitive and sometimes traumatic reproductive experiences, poor diet, exposure to infectious agents, and difficulties in accessing medical care services.

Menopause in youth-oriented Western cultures is frequently intertwined with fears of aging, loss of status, and loss of sexuality. In other societies having diverse cultural values, the psychological reaction to menopause also may be different. The end of fertility and menstruation marks an improvement in the lives of many women, freeing them from the risks of childbirth and from cultural restrictions on their social and religious lives. In sub-Saharan Africa, for example, the post-menopausal years are viewed positively as a time when women gain respect in their families and communities.

Hot flushes and night sweats are specific to the menopause, although their prevalence varies in different cultures. In general, they are more common in European and North American women than in other populations. According to estimates, they occur in 50 percent of North American women, 80 percent of Dutch women, yet in only 12 percent of Japanese women, and not at all in Mayan women of Central America.

Menopause may enhance the development of cardiovascular diseases and osteoporosis, both of which are common conditions in aging Western populations. Osteoporosis, a skeletal disorder with bone loss that may result in fractures, affects an estimated 75 million people in the United States, Europe, and Japan combined, including one in three postmenopausal women. Studies in developed countries have demonstrated a reduction in risk of cardiovascular diseases and osteoporosis among postmenopausal women treated with estrogens. For the vascular system, estrogens have a beneficial effect on lipids in the blood, reducing the risk of heart attack, while also improving the tone of the blood vessels. In the case of osteoporosis, estrogen administration helps retain bone density and may reduce risk of bone fracture, especially of the hip, distal radius, and vertebrae.

Despite these benefits, estrogens can create adverse health effects. In particular, endometrial cancer (cancer of the lining of the uterus) may be increased nearly ten-fold after 10–15 years of estrogen use. This risk can be dramatically reduced if a progestin is added to the estrogen regimen. For this reason, combined therapy is prescribed to women who have an intact uterus. Herein lies a problem, however, since the addition of a progestin may reduce the cardiovascular benefits of estrogen alone.

The most controversial aspect of hormone therapy is its possible association with an increased risk of breast cancer. Some studies show that long-term estrogen use (10 years or more) may increase breast cancer risk by about 50 percent. The addition of a progestin may increase the breast cancer risk more than that from estrogen alone. Use of hormone therapy for 2 to 3 years, however, has little or no effect on risk of breast cancer.

"There are still several unresolved issues related to hormone therapy such as age of onset and termination of therapy, and the selection of hormones to be used," said Dr Olav Meirik, Chief of the WHO Human Reproduction Epidemiological Research Unit. "This is why, alternative and supplemental therapies and measures should be considered. These include, apart from medication, smoking cessation, moderation of alcohol intake, exercise, a healthy lifestyle in general and an adequate diet", he added.

NIH Panel Urges Increase in Adult Calcium Intake

An expert panel convened by the National Institute on Arthritis and Musculoskeletal and Skin Diseases and other Institutes of the National Institutes of Health (NIH) has recommended an increase in the optimal calcium intake for adults.

The panel at the NIH Consensus Development Conference on Optimal Calcium Intake reported that millions of Americans are not getting enough calcium in their diets to build strong bones and reduce the risk of osteoporosis. The panel also called for a unified public health strategy to ensure optimal calcium intakes in the population.

The National Osteoporosis Foundation (NOF), the private, nonprofit organization dedicated to reducing the widespread prevalence of osteoporosis, supported the conclusions of the panel and urged Federal health officials to increase the current recommended dietary allowances (RDAs) for calcium.

"Over the past 10 years, the public has been exposed to conflicting and confusing information regarding the amount of calcium needed to build and maintain healthy bones," said Sandra C. Raymond, NOF Executive Director. "One of the problems has been the failure of the RDAs to keep pace with new scientific information. If we are to adhere to the consensus panel's recommendations for a unified public health strategy to optimize bone health, Federal officials must now act to incorporate this panel's findings into the RDAs."

The following chart compares the current RDAs, established by the National Academy of Sciences, with the recommendations of the expert consensus panel, in milligrams per day:

Population	*NIH panel*	*RDA*
Infants, children, young adults:		
0–6 months	400	400
6–12 months	600	600
1–10 years	800	800
11–24 years	1,200–1,500	1,200
Adult women:		
25–49 years	1,000	800
50 years and older, with estrogen	1,000	800
50 years and older, no estrogen	1,500	800
Adult men:		
25–64 years	1,000	800
65 years and older	1,500	800

"Calcium nutrition is clearly a critical factor in the prevention and treatment of osteoporosis," said Robert Lindsay, MD, PhD, NOF President and presenter at the conference. However, calcium nutrition alone will not prevent osteoporosis caused by other factors."

Chief among these factors is estrogen deficiency, particularly at the time of menopause. During the consensus conference, estrogen replacement therapy was recognized by the panel as the most effective method for preventing rapid postmenopausal bone loss. Other factors that contribute to the development of osteoporosis are medical conditions and the use of certain medications that impair the body's ability to absorb and use calcium—smoking, heredity, and lack of exercise.

New Full-Text Retrieval Service Offers Clinical Practice Guidelines

A free, electronic service that provides access to the full text of clinical practice guidelines and other documents useful in health care decision making is announced by the National Library of Medicine (NLM). The service is called HSTAT (Health Services/Technology Assessment Text).

Clinical practice guidelines, developed under the auspices of the Public Health Service's Agency for Health Care Policy and Research (AHCPR), are recommendations designed to help practitioners and consumers make decisions about appropriate care.

HSTAT carries the full text of the guidelines (in some cases more than 250 pages), a quick reference guide for clinicians (an abridged version), and a consumers' guide with information in lay language so a patient can make an informed decision. Among other information in HSTAT is the full text of the more than 90 Consensus Development Statements issued by the National Institutes of Health.

HSTAT is the latest component of NLM's expanded health services research information program. The new service is unique among NLM data bases in that it provides the full text of documents, rather than references and abstracts.

To accommodate users with a range of computing and communications environments, HSTAT is available via a number of different electronic access methods. Users of NLM's MEDLARS system may dial in to HSTAT; access is also available to Internet users via Gopher, File Transfer Protocol (ftp), and Mosaic.

Further information about the contents of HSTAT and how it may be accessed is available from the National Information Center on Health Services Research and Health Care Technology, National Library of Medicine, 8600 Rockville Pike, Bethesda, MD 20894; tel. 301-496-0176. Internet: nichsr@nlm.nih.gov.

WHO: Asbestos in Drinking Water No Health Hazard

Although inhaled asbestos is a known carcinogen, there is no evidence that asbestos has any adverse effect on human health when ingested with drinking water, according to the World Health Organization (WHO).

Volume 2 of WHO's "Guidelines for Drinking-Water Quality," to be published in 1994, points out that chemical substances can produce very different effects on health depending on the form of exposure.

In the case of asbestos, experimental and epidemiologic data indicate that there is "no consistent evidence that ingested asbestos is hazardous to health," and it has thus been concluded that there is "no need to establish a health-based guideline value for asbestos in drinking-water."

Generally speaking, in areas where asbestos-cement piping is used for water distribution, as in some parts of the United States, Canada, and the United Kingdom in particular, the water contains an amount of asbestos fibres that is not significantly higher than the amount due to natural erosion processes.

Swallowing is obviously not the same thing as breathing, and although WHO concludes that the presence of asbestos in asbestos-cement water pipes presents no danger to the health of consumers, the fact remains that there is a danger during the manufacture of these pipes, and steps must be taken to protect the health of workers in the pipe-making industry in the same way that the health of miners and other asbestos workers is protected.

Call for Presentations Issued for 1995 Meeting on Preventive Medicine

The American College of Preventive Medicine and the Association of Teachers of Preventive Medicine seek presentations for their 1995 meeting, "Prevention 95: Outcomes and Accountability," to be held March 30-April 2 at the Hyatt Regency Hotel in New Orleans.

Deadline for submission is October 3, 1994.

Policymakers, payers, providers, and patients are focusing sharply on health outcomes and accountability as they seek to maximize quality and access while minimizing costs in the health system, according to the two organizations. Fiscal constraints are intensifying this thrust in both the public and private sectors. The abilities to devise and measure health outcomes and to interpret and communicate their meaning are increasingly important to health professionals, their officials said.

"Prevention 95" will provide information and skills needed by health professionals concerned with prevention to develop and use appropriate outcome measures and to recognize their strengths and limitations. Issues and problems in assuring and communicating accountability will also be addressed.

The purpose of the annual meeting of the American College of Preventive Medicine and the Association of

Teachers of Preventive Medicine is to provide a forum for physicians and other health professionals with special expertise or interest in disease prevention and health promotion. The conference highlights advances in prevention through the presentation of scientific research, education and training innovations, health care policy trends, and activities, practice issues, organizational-management models, and health promotion programs.

Submissions relating to the theme and conference focus are encouraged. Submissions in any area of preventive medicine, including but not limited to clinical preventive medicine, occupational medicine, aerospace medicine, public health, and medical education, are welcomed, however.

Presentation submission forms are available from PREVENTION 95, 1015 15th St., NW, Suite 403, Washington DC 20005-2605; tel. 202-789-0006.

TB Deaths Increasing in Eastern Europe

Tuberculosis deaths—linked to the impact of recent political, social, and economic changes on health systems—are increasing in Eastern Europe after nearly 40 years of steady decline, according to a report by the World Health Organization (WHO).

An estimated 29,000 people died from tuberculosis in 1993 in Eastern Europe and the former Soviet Union, the WHO report says. More than 2 million Eastern Europeans are believed to have been infected with the TB bacilli during the past 5 years.

"The alarming story that our data show is that tuberculosis is increasing in Eastern Europe without any help from the HIV epidemic or immigration," said Dr Arata Kochi, Manager of the WHO Tuberculosis Programme, referring to factors most often associated with the resurgence of TB in other industrialized nations.

According to WHO, the number of annual TB deaths has stopped declining in at least 20 of the 27 Eastern Europe and former Soviet Union countries. The greatest increases in TB deaths are being reported in Armenia, Moldova, Turkmenistan, Latvia, Kyrgyzstan, Lithuania, and Romania.

Large cities are seeing the most dramatic increases. In Moscow, the annual incidence of the disease has nearly doubled over the past 2 years, from 27 to 50 cases per 100,000. A recent study of TB in the Siberian city of Tomsk has revealed 200 cases per 100,000, a level of incidence usually found in regions of the world most devastated by the disease, such as Asia and Africa.

According to WHO, three factors have contributed to the increasing number of TB deaths in Eastern Europe.

First, most Eastern European countries are using inappropriate tuberculosis control strategies. Only five countries—the Czech Republic, Slovak Republic, Slovenia, Hungary, and Poland—are using WHO-recommended short-course chemotherapy to treat the majority of their cases. A number of countries in the region are also devoting a large share of their TB control budgets to revaccination programs, even though such control strategies have not been demonstrated to be effective.

Second, TB treatment programs in the region are vastly underfunded and frequently run short of the necessary drugs. This is partly due to the breakdown of health care systems in Eastern Europe during its transition to a market based economy. Regrettably, most new health care investments are emphasizing large hospitals and expensive equipment rather than the most basic treatment and prevention services.

Third, demographic factors have, to a small extent, contributed to the increased number of TB deaths. With the average age of the region's population increasing, a larger number of people will develop tuberculosis, since the disease strikes the majority of people between the ages of 20 and 59.

To address the epidemic in Eastern Europe, WHO is calling on all countries to follow the recommended guidelines for TB control and to use short course chemotherapy to treat all cases, particularly sputum smear positive cases. WHO is also requesting that donor nations invest in efforts to control Eastern Europe's TB epidemic.

"Unless TB is controlled in Eastern Europe, it cannot be controlled in Western Europe," said Dr. Mario Raviglione, medical officer for the WHO TB Program. "Nearly 50 percent of TB cases in some Western European countries are among foreign persons, often among persons from Eastern European countries. There is no practical way to screen these immigrants and other international travellers for the disease."

Currently, tuberculosis kills nearly 3 million people worldwide each year, more adults than any other infectious disease. More than one-third of the world's population is now infected with the TB bacillus and at risk of developing the disease. Tuberculosis is one of the most cost-effective diseases to prevent, with medicine costing as little as $13 per patient and over 95 percent effective. Strains of TB bacteria resistant to one or more TB drugs are increasing worldwide, however, threatening to make TB an expensive and even incurable disease for future generations.

Plague Still a World Killer, WHO Warns

Although human plague is often regarded as a terrible disease of the past—the "Black Death" killed countless millions in Europe alone during the Middle Ages—it continues to claim lives in Africa, Asia, North America, and South America, according to latest figures from the World Health Organization (WHO).

For 1992, the last full year for which figures are available, nine countries reported a total of 1,768 cases, including 198 deaths, to WHO. During the 15 years from 1978 to 1992, 14,856 cases were reported, including 1,451 deaths, in 21 countries.

Experts believe the world statistics on plague are incomplete, because of inadequate surveillance and reporting. In most countries, only bacteriologically or serologically confirmed cases are reported, and underreporting of plague due to the lack of laboratory facilities is not uncommon.

The nine countries where plague was known to have occurred in 1992 were Madagascar (198 cases, 26 deaths), Zaire (390 cases, 140 deaths), Brazil (25 cases, no deaths), Peru (120 cases, 4 deaths), United States (13 cases, 2 deaths), China (35 cases, 6 deaths), Mongolia (12 cases, 4 deaths), Myanmar (528 cases, 3 deaths) and Viet Nam (437 cases, 13 deaths).

Other countries reporting plague since 1978 include Angola, Botswana, Kenya, Libya, Mozambique, South Africa, Uganda, Tanzania, Zimbabwe, Kazakhstan, Bolivia, and Ecuador.

Plague spreads mainly from rats to humans by fleas biting first a sick rat and then a person, thus transmitting the bacillus, *Yersinia pestis.*

Plague most commonly has three forms—bubonic, pneumonic, and septicemic, corresponding to the three typical ways in which the plague bacillus invades the body. The commonest form is bubonic, with a sudden onset of severe malaise, headache, shaking chills, fever, and pain in the affected regional lymph nodes. The most obvious symptom is swelling of the lymphatic glands nearest the point of the infected bite or skin lesion into large, hard and painful tumours called buboes.

The most dangerous form of the disease is pulmonary plague, which affects the lungs and can be transmitted to other people by droplets in the air containing plague bacilli from sputum discharged by the patient.

Plague patients should be treated with antibiotic drugs such as streptomycin, kanamycin, chloramphenicol, and tetracyclines, that are effective, provided that they are used properly and in time.

Vaccines against plague are available, but WHO warns that because they provide limited, short-term immunity requiring revaccination—which in turn has adverse side effects—vaccination is recommended only for high-risk groups such as laboratory personnel working on plague or field workers in endemic areas. It should only be used for the prevention of plague and not as a means of control during outbreaks.

International Journal of the Addictions Seeks Input for Special Issue

Researchers are invited to submit papers for review and possible inclusion in a special issue of the International Journal of the Addictions dedicated to "Substance Use, Homelessness and Refugees: An International Overview."

Submissions should be postmarked by December 10, 1994.

Manuscripts should be submitted in triplicate to the special issue Guest Editor, Dr. Timothy Johnson, Associate Director, Survey Research Laboratory, University of Illinois, P.O. Box 6905, Chicago, IL 60680; tel. 312-996-5310.

HRSA Issues Primer on Physician Workforce

To focus attention on the physician workforce, the Bureau of Health Professions, Health Resources and Services Administration (HRSA), Public Health Service recently developed a chartbook, "Primer for Physician Workforce Reform."

The 26-page primer graphically presents key workforce data on the supply, specialty mix, practice environment, and geographic distribution of physicians. Also presented are data on the training environment in undergraduate and graduate medical education.

Copies of the primer or information may be obtained from Evelyn Christian, Modeling and Research Branch, Office of Health Professions Analysis and Research, BHPr, HRSA, PHS, 5600 Fishers Lane, Room 8-47, Rockville, MD 20857; tel. 301-443-6662; FAX 301- 443-0463.

NIGMS Issues Booklets on Pharmacology, Research

The National Institute of General Medical Sciences (NIGMS), part of the National Institutes of Health, has announced the publication of two new brochures.

The first booklet, entitled "Medicines by Design: The Biological Revolution in Pharmacology," is a 48-page science education publication that focuses on the pharmacology of the present as well as the future.

The second brochure is a 40-page general description of NIGMS research and research training programs and of some of the scientific knowledge and theories on which researchers build.

Either of these booklets may be obtained from the NIGMS Office of Research Reports, Building 31, Room 4A52, Bethesda, MD 20892; tel. 301-496-7301.

AZT Reduces Maternal HIV Transmission Rate

Zidovudine therapy (AZT) reduced by two-thirds the risk of transmission of virus from HIV-infected pregnant women to their babies, according to preliminary results of a collaborative study supported by the National Institute of Child Health and Human Development, the National Institute of Allergy and Infectious Diseases, and two French biomedical research agencies.

An interim review of the study found a transmission rate of 8.3 percent when both mothers and infants received AZT compared with a 25.5-percent transmission rate among the placebo group.

As a result of an independent board's review and recommendations, the study investigators have stopped enrollment of women into the study and are offering AZT to all currently enrolled pregnant women, as well as to their infants for the first six weeks of life.

Researchers will monitor the growth and development of the infants and look for any unusual illnesses. Because long-term effects of AZT therapy on the infants are currently unknown, no recommendations are being made about treatment to prevent HIV transmission during pregnancy.

Privacy of Health Data Needs Stronger Protection in Emerging Systems

Although organizations that collect and distribute health data can play a pivotal role in improving health care delivery and research, significant steps will have to be taken to ensure that the private information they collect about individual patients remains private, according to a new report from the Institute of Medicine (IOM).

"The greatest potential value of health data base organizations (HDOs) may arise from their ability to provide timely, reliable, and valid information of both a medical and financial nature that can address many of the major questions in health care delivery facing the nation today and in the coming years," said IOM study committee chairman Roger J. Bulger, president and chief executive officer of the Association of Academic Health Centers, Washington, DC.

"However," he added, "several controls, including new legislation, need to be put in place to make sure that the public is not harmed by privacy invasion or misuse of their personal medical information."

The desire to understand and im-

prove the performance of the nation's health care system has been motivating researchers, business leaders, and policymakers to create comprehensive, population-based health care data bases that can provide medical information with ease and reliability in States and regions.

According to the committee, HDOs will have access to existing data bases, such as those maintained by insurance companies, as well as new and more detailed data from many sources, such as surveys, pharmacy records, and patient questionnaires. A primary mission of HDOs will be public release of information on the quality, costs, and effectiveness of health care.

HDOs could help researchers and policymakers assess the health of the public and patterns of illness and injury; document patterns of health care expenditures on inappropriate, wasteful, or potentially harmful services; identify cost-effective care providers; and provide information to improve the quality of care in hospitals, practitioners' offices, clinics, and other health care settings. They also could give regions a way to monitor and improve the value of their health care services and the well-being of their residents.

The committee recommended that HDOs take a number of steps to ensure the accuracy and validity of the data before releasing their analyses. HDOs also should publicly report information about the accuracy of the data used in their analyses.

As technology advances and computerized data bases designed to access and store health information emerge, the risks of public disclosure of data that can be linked to individuals will continue to grow. For this reason, the committee took note of strong arguments for a health identification number separate and different from a person's Social Security number. In addition to protecting the confidentiality of individual patients, the health identification number should minimize or eliminate the risk of misidentification, work in any circumstance in which health care services are rendered, and function anywhere in the country and in any provider's facilities and settings.

Because the Social Security number is not protected by law as confidential, organizations holding it are under no legal obligation to protect it or to limit the ways in which it is used. "Its use is for all practical purposes unconstrained," the committee said. "This makes the risk of commingling health data with all other forms of personal data and an individual's actions enormously high. Major privacy risks arise when medical information is used in decisions unrelated to health care, such as employment, promotion, and eligibility for insurance or other benefits."

As a further precaution, the committee also recommended that Congress enact strong pre-emptive legislation that would establish a uniform requirement for the assurance of confidentiality and protection of privacy rights for health data that can be linked to individual persons.

Although the committee did not specifically address President Clinton's health care reform proposal, "the current push for health care reform has made clear to many that the success of reform options—as well as the ability to assess the effect of a reformed system on the health of the public—depends on access to the kinds of data that too often are unavailable," the committee said. "Acceptance of HDO activities and products relating to public disclosure over time will depend in part on the balance struck for fairness to patients, the public in general, payers, and health care providers."

The committee's work was funded by the John A. Hartford Foundation, the American Health Information Management Association, Electronic Data Systems Corp., and Science Applications International Corp.

Copies of "Health Data in the Information Age: Use, Disclosure, and Privacy," are available for $45 prepaid plus $4 shipping for the first copy and 50 cents for each additional copy from the National Academy Press, 2101 Constitution Ave., NW, Washington, DC 20418; tel. (202) 334-3313 or 1-800-624-6242.

Smoking Cessation Guideline Panel Formed

The Agency for Health Care Policy and Research (AHCPR) of the Public Health Service has formed a 19-member panel of private sector health care experts and consumers to develop a clinical guideline to improve the effectiveness of smoking prevention and cessation programs.

The guideline—which will be completed in 1995—is the first of three on preventive health care issues scheduled by AHCPR for completion by September 30, 1996. The Centers for Disease Control and Prevention (CDC) is cofunding the project.

The panel experts will evaluate intervention therapies used for nicotine dependence treatment and the evidence of their effectiveness. The guidelines they develop will facilitate conversion of science-based knowledge to clinical action, clarify health care choice for the consumer, and link quality assurance to health care systems management.

The panel is led by MichaeL C. Fiore, MD, MPH, an associate professor at the University of Wisconsin School of Medicine, and director of its Center for Tobacco Research and Intervention.

Revolutionary New Procedure for Treating Dental Caries Unveiled

A new method for treating dental caries without drill, water, or electricity was demonstrated at the headquarters of the World Health Organization (WHO) in Geneva on World Health Day, this year devoted to oral health.

The procedure, which was tested and evaluated in the field by Professor Taco Pilot of the University of Groningen in the Netherlands, a WHO Collaborating Center for Research in Oral Health Services, is called "atraumatic restorative treatment." It consists of manually cleaning dental cavities caused by caries and filling them with an adhesive material known as glassionomer.

As well as adhering effectively to the tooth, this very promising substance releases fluorides that protect against any future caries. When it is applied at an early stage in the development of caries, it can completely halt its progression.

To use this procedure, oral health workers need only a few instruments that can be carried easily in a satchel. They can then use any form of transport, including the bicycle, to go and dispense treatment in the most out-of-the-way places.

Caries, which is the most widespread oral disease in the world, tends to go untreated in the underprivileged

communities of developing countries, mainly because until now its treatment has required expensive equipment and highly qualified personnel. Furthermore, the absence of electricity and clean, pressurized water sometimes makes it impossible for dentists to work.

Untreated caries makes huge and extremely painful cavities in teeth, and when treatment is finally provided, all that can be done in many cases is to extract the decayed tooth. The revolutionary procedure developed by Professor Pilot and his team is therefore excellent news for millions of inhabitants of poor rural regions throughout the world, and also for underprivileged urban groups and displaced persons and refugees, who are vulnerable.

In addition to the technical advantages already mentioned, atraumatic restorative treatment reduces to a minimum the pain caused by cleaning caries, since the hand is more easily controlled than an electric drill; it also avoids frightening children or even adults who have never previously had dental treatment. According to its promoters, this procedure is also highly suitable for the treatment of physically or mentally handicapped people, and for old people.

Atraumatic restorative treatment is being tested in the field, in rural areas of Thailand, in collaboration with Khan Kaen University, and in Zimbabwe, in collaboration with the Dental Department of the Ministry of Health.

Conferences to Define Standardized Curriculum for Advanced Nurses

Intensified efforts at reforming the nation's health system, together with the mounting importance of advanced practice nurses (APNs) in delivering quality, cost-effective health care, have focused attention on the need for standardization in graduate-level APN educational programs.

Nurse educators, clinicians, and administrators from a broad array of nursing fields will join in a series of regional, idea-gathering conferences over the next 12 months to guide the development of standardized curriculums for APNs prepared in master's degree programs.

Sponsored by the American Association of Colleges of Nursing (AACN), the conferences have been commissioned by the AACN Task Force on the Essentials of Master's Education for Advanced Practice Nursing, which was established this year to define the academic instruction, practice skills, and other fundamental components in the preparation of advanced nurse practitioners, certified nurse-midwives, clinical nurse specialists, and nurse anesthetists.

The task force's recommendations on educational programming will evolve from the input of conference participants nationwide. The conferences, to be held periodically until April 1995, have been scheduled regionally to ensure that local needs and issues are addressed.

The conferences and the task force's planned report are an outgrowth of AACN's 1993 position statement, "Nursing Education's Agenda for the 21st Century," which called for a "common educational core" to ensure that APNs are sufficiently prepared for meaningful roles in a health system marked by "rapidly changing technologies and dramatically expanding knowledge."

The third conference in the series, "Master's Education for the Future: Defining the Essential Elements," is scheduled for November 18–19, 1994, in San Francisco, CA. In addition, conferences in 1995 are tentatively planned for February in Atlanta, GA, and April in San Antonio, TX.

Participants will engage in 2-day working meetings to outline the characteristics and requirements of master's-level APN education, including core educational content, competencies of graduates, and the roles of faculty members and preceptors.

Registration fee for each conference is $99. For information on registration and deadlines, contact Jennifer Ahearn at AACN, 1 Dupont Circle, Suite 530, Washington, DC 20036; (202)463-6930.